FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

14390	164
OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	
Estimated avera	ige burden
hours per respoi	nse16.00

SEC USE	ONLY
Prefix	Serial
DATE RECE	EIVED
1	

Name of Offering (check if this is an amendment and name has changed, and indicate change.)		
Bella Alianza LLC		SEC Mail Process
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6	□ ∩roe	Section
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFICATION DATA		Sunt D F NUL
1. Enter the information requested about the issuer		Machinat -
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)		Washington, DC
Bella Alianza LLC; By: Alliance Value Investors, LLC		480
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Numbe	r (Including Area Code)
165 South Union Boulevard, Lakewood, Colorado 80228-2221	303-986-2222	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Numb	er (Including Area Code)
Brief Description of Business	1	- occep
Commercial Real Estate Investment		PROCESSED
Type of Business Organization		JUL 0 3 2008 THOMSON REUTERS
	olease specify):	302 4
business trust limited partnership, to be formed Limited Lial	ility Company	THOMSON REUTERS
Month Year		HOMO
	mated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	:: DE	
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter **✓** Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Cervantes Real Estate Investment Group LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1515 Arapahoe Street, Tower One, 10th Floor, Denver, Colorado 80202 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Bryant Martin Business or Residence Address (Number and Street, City, State, Zip Code) 5230 Lakeshore, Bow Mar, Colorado 80123 Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Alliance Value Investors, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 165 South Union Boulevard, Suite 510, Lakewood, Colorado 80228-2221 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) BonAnno Family Partnership, LLLP Business or Residence Address (Number and Street, City, State, Zip Code) 18 Polo Club Drive, Denver, Colorado 80209 Check Box(es) that Apply: Promoter ✓ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Raymond J. BonAnno & Joan E. BonAnno Business or Residence Address (Number and Street, City, State, Zip Code) 18 Polo Club Drive, Denver, Colorado, 80209 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Angela M. Oxenrider & Keith B. Oxenreider Business or Residence Address (Number and Street, City, State, Zip Code) 463 South Williams Street, Denver, Colorado 80209 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Steve & Henrietta Stremmel Family Trust Business or Residence Address (Number and Street, City, State, Zip Code) 1335 Dartmouth Drive, Reno, Nevada 89509

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) R. James BonAnno, Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 1075 Huntington Trails Parkway, Westmister, Colorado 80023 Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Executive Officer Director Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. II	NFORMATI	ION ABOU	T OFFERI	NG				
1.											Yes [No ⊠	
	Answer also in Appendix, Column 2, if filing under ULOE.											r 125	5,000.00
2.	2. What is the minimum investment that will be accepted from any individual?											Yes	No
3.	Does th	e offering	permit joint	t ownershi	p of a sing	le unit?	************				,,,,,,,	K	
4,	3. Does the offering permit joint ownership of a single unit?										he offering. with a state		
Ful N/		Last name	first, if indi	ividual)									
		Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	(ip Code)				<u> </u>		-
				•									
Nai	me of Ass	sociated Br	oker or Dea	aler									
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)	***************************************	***************		**-***			☐ AI	l States
	AL TL MT	IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)			. <u>.</u>					•	
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					•	
Nai	me of As	sociated Br	oker or De	aler									
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)	••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************	***************************************	**************	□ ∧1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)			· · · · · · · · · · · · · · · · · · ·				···		
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					 	
Nai	me of As:	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				*************	****************		☐ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		
	Equity	<u>12,000,000.00</u>	\$_10,500,000.00
	Common Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	\$	\$
	Other (Specify)	S	\$
	Total	<u>\$_12,000,000.00</u>	\$_10,500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	8	\$ 10,500,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees	[]	\$ 125,000.00
	Accounting Fees		s
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Filings & organizational documents	_	\$ 25,000.00
	Total		\$ 150,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	S	\$11,850,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	l	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	□ \$	
	Purchase of real estate	_	_
	Purchase, rental or leasing and installation of machinery	U ^Ψ	Ψ,,
	and equipment	\$	
	Construction or leasing of plant buildings and facilities	 \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ms.	□ \$
	Repayment of indebtedness	_	_
	Working capital		
	Other (specify):		
		\$. 🗆 \$
	Column Totals	\$ <u></u>	Z \$_11,850,000.0
	Total Payments Listed (column totals added)	☑ \$ <u>1</u> 1	1,850,000.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	
		Date	
	ella Alianza LLC; By: Alliance Value Investors, LLC	June 27, 2008	
Na	me of Signer (Print or Type) Title of Signer (Print or Type)		
. 14	uglas McCormick Member		

ATTENTION —

	E. STATE SIGNATURE								
I.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No						
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.								
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned						
lssuer (Print or Type) Signature Date								
3ella Al	ianza LLC; By: Alliance Value Investors, LLC June 27, 2008								
Name (Print or Type) Title (Print or Type)								
Dougla	as McCormick Member								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	····			AF	PPENDIX				
]	Intend to non-a investor	2 I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				dification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со		×	LLC Membership Interests	7	\$10,250,000				×
СТ		_	Interests						
DE								<u> </u>	
DC									
FL		[
GA	(
HI									
ID		Γ.						Ι .	
IL									
IN									Γ
IA									
KS									
KY									
LA									
МЕ									
MD									
MA	-								
Ml									
MN									
MS									

••

2 4 1 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Investors Investors Yes No State Yes No Amount Amount MO MT NE NV LLC Membership X 1 \$250,000.00 Interests. NH NJ NM NY NC ND ОН OK OR PA RΙ SCSD TN TXUT VT VA WA wv WI

APPENDIX

	APPENDIX												
1		2	3 Type of security		4								
	to non-a investor	I to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State		amount		amount purchased in State			
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No				
WY													
PR													

